

**27 NOVEMBER 2000**



**Health Services**

**MEDICAL LOGISTICS SUPPORT**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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OPR: HQ AFMSA/SGML  
(Col James P. Moreland)  
Supersedes AFI 41-209 dated 9 June 1994

Certified by: HQ AFMSA/CC  
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Pages: 10  
Distribution: F

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This instruction implements AFI 41-2, Medical Support. It provides guidance for establishing and operating medical logistics support for Air Force Medical Treatment Facilities (MTFs). Users should also be familiar with AFMAN 23-110, Volume 5, Air Force Medical Materiel Management System – General, and AFCSM 41-230, Volume 2, Medical Logistics System (MEDLOG) Software User Manual. This instruction applies to all Air Force activities. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to HQ AFMSA/SGML, 8901 18<sup>th</sup> St, Brooks AFB, TX 78235-5217.

**SUMMARY OF REVISIONS**

This is the second publication of AFI 41-209; it supersedes the previous version of AFI 41-209, dated 9 June 1994. Major changes include the addition of **attachment 2**, Letters of Appointment, a more functional grouping of topics throughout the instruction and the change of Director of Medical Logistics (DML) to Medical Logistics Flight Commander/Chief (MLFC).

**1. Role of Medical Logistics.** Medical Logistics Flights support two distinct Air Force Medical Service missions: (1) patient care in peacetime and (2) wartime/contingency support. Medical Logistics functions include responsibility for Materiel Management, Facility Management, Medical Equipment Management, Biomedical Equipment Maintenance, Contract Services and War Reserve Materiel (WRM) management. The Air Force Working Capital Fund (AFWCF) Medical Dental Division supports the peacetime requirement of ensuring supplies are available at the Medical Treatment Facility (MTF) for patient care. The Medical Resources Letter (MRL) dictates which WRM programs will be maintained at each location. AFMAN 23-110, Volume 5, *Air Force Medical Materiel Management System – General*, provides policy and procedures for MLFCs and their staffs to use in providing logistics support to the MTFs they serve.

AFI 41-201, *Managing Clinical Engineering Programs*, provides guidance for facility management and medical equipment maintenance.

## 2. Medical Stock Record Accounts.

2.1. Establishing an Account. The MLFC identifies requirements for the establishment of new medical stock record accounts. Requests for new accounts are forwarded through the MAJCOM to AFMSA/SGML, 8901 18<sup>th</sup> Street, Brooks AFB, TX 78235-5217. Procedure for establishing an account is outlined in AFMAN 23-110, Volume 5.

2.2. Appointment of the Accountable Officer. AFI 23-111, *Management of Government Property in the Possession of the Air Force*, provides guidance and authority for the appointment of the Medical Supply Officer. The accountable officer is officially designated to maintain the accuracy of the records of property to include medical supply and equipment records and medical WRM. Accountable officers have pecuniary liability for items under their control. The Wing or Vice-Wing Commander (or equivalents) appoint the medical stock record accountable officer. The medical accountable officer will be a Medical Service Corps officer (41A3/4) (normally the MLFC). MAJCOMs may approve the appointment of a civilian equivalent (GS-11 or higher).

2.3. Authority and Responsibilities. The accountable officer derives authority from the appointment letter. Upon appointment, a certificate of transfer is accomplished which documents the transfer of responsibility for the account. The MLFC may recommend the appointment of a Medical Equipment Management Officer. The Medical Equipment Management Office (MEMO) officer will be responsible for the medical equipment accountability records. A separate certificate of transfer is accomplished if a MEMO is appointed (see para 3.). Responsibilities of accountable officers are outlined in AFI 23-111. Additionally, medical accountable officers have responsibilities as outlined below. [attachment 2](#) provides a summary of other appointment letters associated with medical logistics.

2.4. The Medical Stock Record Account. Responsibilities that require special attention by the accountable officer include:

2.4.1. Controlled Items. Narcotics, precious metals and other controlled items require special storage and record keeping. A complete inventory of controlled items is required at the time of account transfer. Required cyclical, documented inventories and storage container inspections are specified in AFMAN 23-110, Volume 5.

2.4.2. Annual Inventories. 100% of AFWCF assets, including WRM assemblages, except as specified in AFMAN 23-110, Volume 5, must be inventoried annually. The newly appointed accountable officer must review the Inventory Accuracy Analysis Report for the latest annual inventory and ensure a complete inventory is accomplished within 12 months. Stock classes with less than a 95 percent accuracy rate must be re-inventoried within six months. The installation Commander is responsible for approving inventory adjustment vouchers (IAVs). The MTF Commander or hospital administrator may be designated to approve medical IAVs. IAV approval authority may not be delegated to the MLFC. Normally, the MLFC will certify the IAV documents by signing them before submission to the approval authority. The same officer may not act as both certifying official and approving authority on the same document. Detailed documentation requirements for annual inventories are outlined in AFMAN 23-110, Volume 5.

2.4.3. WRM Stock and Assemblages. Accountable officers must review the unit mission and ensure stored WRM can meet required deployment and marshalling times. Accountable officers

are also responsible for annual assemblage validation against appropriate Allowance Standards and stock level calculation instructions. The Allowance Standards for medical War Reserve assemblages dictate what supplies and equipment are needed to support the wartime/contingency mission. Particular attention must be paid to storage facilities to ensure environmental controls meet asset manufacturer specifications. Accountable officers must ensure quality assurance data is recorded for stored assets to facilitate serviceability inspections and Food and Drug Administration recalls.

2.4.4. Activity Oversight. Accountable officers must ensure deficiencies noted during MAJCOM Staff Assistance Visits, Management Assistance Visits, Health Services Inspections, Joint Commission on Accreditation of Healthcare Organization (JCAHO) surveys and inspections and assessments have been corrected or a plan has been implemented to address them.

2.5. General Responsibilities of Medical Logistics Regarding Medical Supplies. Personnel within the medical logistics account will:

2.5.1. Establish inventory stock levels based on the results of the review so that the level for each stocked item is a balance between the cost of carrying the inventory and the cost of being without the item when needed.

2.5.2. Work with customers to manage work area stock levels and order shortages to facilitate reduction of materiel throughout the MTF.

2.5.3. Determine the method of requisition based on the type of item, cost of the item compared to the cost of ordering (lowest delivered cost), demand frequency and quantity, urgency of need, and quality.

2.5.4. Store materiel to provide adequate protection and facilitate ease of handling and retrieval.

2.5.5. Inspect, classify, and monitor materiel as received, issued, stored, or shipped and process materiel complaints from using activities.

2.5.6. Remove defective or suspected defective materiel from using activities and serviceable inventories; suspend the materiel from issue, and report it.

2.5.7. Maintain line item visibility of all AFWCF purchases in auditable MEDLOG or DMLSS systems. Summary receipts without line item visibility are not authorized.

2.5.8. Employ existing technologies (i.e., bar coding, Stock in Forward Area, DMLSS) to the greatest extent possible to optimize resources.

**3. Medical Equipment Management Office (MEMO):** The MEMO is responsible for overall management of the equipment program for the MTF. Responsibilities include: purchasing new equipment, accounting for all equipment on MEMO records, disposing of unneeded equipment, coordinating with the Biomedical Equipment Technicians (BMETs) on equipment issues, and ensuring new equipment is installed in a timely manner. Medical logistics personnel also assist using activities in preparing equipment authorization requests.

#### **4. Controlled Medical Materiel.**

4.1. Safeguarding Controlled Medical Materiel. The MLFC establishes procedures for controlling and safeguarding medical items that require special accounting, storage, shipment, and issue precau-

tions. Inventory control of these items is critical because of their value and/or potential for abuse. AFMAN 23-110, Volume 5, Chapter 14, provides guidance on how to safeguard controlled items to include the biennial inventory of controlled substances, reporting loss or theft of controlled substances to the Drug Enforcement Agency, and the Precious Metals Recovery Program (PMRP).

4.2. Excess Controlled Medical Materiel. For redistribution, the MLFC identifies and reports materiel excess to using activity needs. This ensures that materiel is used efficiently throughout the Air Force. Guidance on effective disposition of excess supplies and equipment are contained in AFMAN 23-110, Volume 5, Chapter 20.

## **5. Clinical Engineering Programs.**

5.1. Responsibilities. Clinical Engineering includes the functions of facility management and medical equipment repair. In small facilities, the facility manager will be either the MLFC or an enlisted/civilian. Larger facilities will have a Medical Service Corps Officer or civilian (GS-1640) as the facility manager. The responsibilities for clinical engineering programs are listed in AFI 41-201.

5.2. Medical Equipment Repair. Medical Equipment Repair provides the necessary support for maintaining, repairing and replacement of medical equipment. BMETs work closely with the MEMO in evaluating new equipment requirements and certifying serviceability of existing equipment. Facilities that are designated as Medical Equipment Repair Centers (MERC) have responsibility for equipment maintenance and management oversight within their assigned geographic region. MERCs earn manpower authorizations to support the active duty, air reserve and ANG bases within their region. Host-base support agreements should be in place with all supported units.

5.3. Joint Commission on Accreditation of Healthcare Organizations. Clinical Engineering manages Environment of Care programs as specified in the Joint Commission on Accreditation of Healthcare Organization guidelines. Environment of Care programs include management of safety, security, hazardous material/waste, emergency preparedness, life safety, medical equipment, and utility systems.

## **6. War Reserve Materiel (WRM) Program**

6.1. WRM Program. The MLFC must establish a medical WRM program for materiel needed to support the forces and missions specified in applicable operations plans. WRM project taskings are designated by the MRL. Designed Operational Capability (DOC) statements are used to task specific requirements to units. Coordination with the Medical Readiness Flight is important. WRM supports the capability of a medical unit to function effectively in a wartime or contingency situation. WRM accounting, peacetime operating stock, project codes, and inspection guidelines are covered in AFMAN 23-110, Volume 5, Chapter 15. Exercise requirements for WRM are covered in AFI 41-106, *Medical Readiness Planning and Training*. Establish a Memorandum of Agreement with all supported Geographically Separated Units and Air Reserve Component (Air National Guard and Air Force Reserve) units. Ensure all supported units are DOC tasked prior to establishing requirements.

6.2. WRM Reporting. Medical Logistics must provide WRM materiel availability percentages to the Medical Readiness flight and all supported Air Reserve Component units for inclusion in the monthly Status of Resources and Training System (SORTS) report. See AFI 10-201, *Status of Resources and Training System*, for details on the SORTS report.

## **7. Contract Management**

7.1. Services. Contracts for health care services are accomplished by Medical Logistics upon identification of a requirement by an activity. A decision must be made through the Lead Agent not to pursue the requirement through resource support or resource sharing as part of the managed care agreements or regional logistics initiatives. The Medical Logistics Contracting Branch (HQ AFMSA/SGMLC) has central contracts available to satisfy many individual facility requirements. Performance Work Statements (PWSs) for Health Care Services written at the local MTF must be coordinated through HQ AFMSA/SGMLC prior to acquiring through base contracting. A central database of PWS templates is available on the Medical Logistics web page.

7.2. Contract Administration. Proper surveillance of nonpersonal health care service contracts is the responsibility of a Quality Assurance Evaluator (QAE). QAEs ensure contractors perform within established performance guidelines and authenticate amounts owed to contractors. QAEs shall receive "Phase I" training conducted by Quality Assurance Program Coordinators (QAPCs) over general surveillance principles. "Phase II" training is given to QAEs by the Contract Administrator for each contract monitored. Additionally, HQ AFMSA/SGMLC conducts the Medical Contract Administration Workshop at least annually and the desktop QAE guide is available on the Medical Logistics Contracting web page.

7.3. Quality Assurance/Risk Management Committees assist the QAE in monitoring and evaluating professional aspects of professional and para-professional service contracts.

7.4. Hospital Aseptic Management System (HAMS) contracts are centrally managed by HQ AFMSA/SGML. All contract changes must be reviewed and approved prior to implementation at the MTF.

## **8. Vehicle Management:**

8.1. Vehicle Control. The main purpose of the Vehicle Control Program is accounting for and maintaining vehicles used by the MTFs. Vehicle control is governed by the AFI 24 series instructions. The MTF commander appoints the Vehicle Control Officer (VCO), or delegates the appointment responsibility to the MLFC. A Vehicle Control Noncommissioned Officer (VCNCO) is appointed to assist the VCO in carrying out VCO duties. The VCNCO is usually from the MTF primary care or emergency service function.

8.2. Roles of the VCO and the VCNCO. The VCO and VCNCO assist medical commanders in developing local operating instructions for vehicle management; provide liaison between the MTF and base transportation on all matters concerning government vehicles. They ensure organizational vehicle maintenance is performed; take action to preclude vehicle abuse, misuse or damage, and ensure only qualified and licensed drivers operate all vehicles.

## **9. Medical Logistics Officer Training:**

9.1. Several training opportunities are available for newly appointed medical logistics officers. Refresher training is available at the Health Services Administration Course at Sheppard AFB TX. Temporary Duty to attend Comprehensive Functional Area Training (CFAT) for newly appointed MLFCs is encouraged. A limited number of officers are selected for intensive training through the medical logistics intern training program. This 10-month training program prepares the officer to assume responsibilities as a MLFC.

9.2. Attendance at annual medical logistics symposia, workshops, and Air Force Institute of Technology sponsored training is encouraged.

**10. Medical Logistics Assignments.** Medical Logistics is a complex, technical function. Officers appointed to Medical Logistics positions should remain in place for at least 24 months. To maximize return on investment for Medical Logistics Intern training, graduates should remain in the medical logistics position for three years or two assignments.

**11. Policies and Procedures.** Relief from policies and procedures outlined in this AFI, AFMAN 23-110, Volume 5, AFI 41-201, or AFCSM 41-230, Volume 2, requires written waivers through the appropriate MAJCOM Medical Logistics Officer to the Medical Logistics Division, Office of the Surgeon General.

PAUL K. CARLTON, JR., Lt General, USAF, MC, CFS  
Surgeon General

**Attachment 1**

**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION**

***References***

AFI 23-111, Management of Government Property in the Possession of the Air Force  
AFMAN 23-110, Volume 5, AF Medical Materiel Management System – General  
AFI 10-201, Status of Resources and Training System  
AFI 41-106, Medical Readiness Planning and Training  
AFI 41-201, Managing Clinical Engineering Programs  
AFI 44-135, Clinical Dietetics  
AFI 44-144, Nutritional Medicine Management  
AFPD 41-2, Medical Support  
AFCSM 41-230, Volume 2, Medical Logistics System (MEDLOG) Software User Manual

***Abbreviations and Acronyms***

**AF** —Air Force  
**AFCSM**—Air Force Computer Systems Manual  
**AFI**—Air Force Instruction  
**AFMAN**—Air Force Manual  
**AFMSA** —Air Force Medical Support Agency  
**AFPD**—Air Force Policy Directive  
**AFWCF**—Air Force Working Capital Fund  
**ANG**—Air National Guard  
**BMET**—Biomedical Equipment Technician  
**CFAT**—Concentrated Functional Area Training  
**DOC**—Designed Operational Capability  
**DOD** —Department of Defense  
**DMLSS**—Defense Medical Logistics Standard Support  
**HAMS** —Hospital Aseptic Management System  
**IAV**—Inventory Adjustment Voucher  
**JCAHO**—Joint Commission on Accreditation of Healthcare Organization  
**MAJCOM**—Major Command  
**MEDLOG**—Medical Logistics System

**MEMO** —Medical Equipment Management Office

**MERC**—Medical Equipment Repair Center

**MLFC** —Medical Logistics Flight Commander

**MRL**—Medical Resources Letter

**MTF** —Medical Treatment Facility

**NCO**—Noncommissioned Officer

**NCOIC** —Noncommissioned Officer In Charge

**PMRP**—Precious Metals Recovery Program

**PWS** —Performance Work Statement

**QAE** —Quality Assurance Evaluator

**SORTS**—Sorts of Resources and Training System

**VCO** —Vehicle Control Officer

**VCNCO**—Vehicle Control Noncommissioned Officer

**WRM** —War Reserve Materiel



## Attachment 2

## LETTERS OF AUTHORIZATION/APPOINTMENT

	<i>DOCUMENT</i>	AUTHORITY	SIGNED BY
1	Base Medical Supply Officer	AFMAN 23-110, Volume 5, Chapter 1, para 1.4	Installation Commander
2	Certificate of FM Account Transfer	AFMAN 23-110, Volume 5, Chapter 1, para 1.6.5	Outgoing and Incoming MLFCs
3	Base MEMO Officer	AFMAN 23-110, Volume 5, Chapter 18, para 18.3.5	MTF Commander
4	Certificate of MEMO Transfer	AFMAN 23-110, Volume 5, Chapter 18, para 18.29	Outgoing and Incoming MLFCs
5	Medical WRM Project Officer	AFMAN 23-110, Volume 5, Chapter 15, para 15.3.3	MTF Commander
6	Representative for Approval of LP	AFMAN 23-110, Volume 5, Chapter 16, para 16.2.2	MTF Commander
7	Request for Controlled Area Designation	AFI 31-209	Base SFS
8	Storage for Medical Logistics Vault Combination	AFMAN 23-110, Volume 5, Chapter 23, para 23.4.2	MTF Commander
9	Controlled Medical Item Custodian	AFMAN 23-110, Volume 5, Chapter 14, para 14.1.3	Accountable Officer/MLFC
10	Controlled Area Monitor	AFI 31-209	MTF Commander
11	Controlled Area Access List	AFI 31-209	MTF Commander
12	Destruction Officers (Code Q & R)	AFMAN 23-110, Volume 5, Chapter 12, para 12.2.2	MTF Commander
13	Authorization to Sign for Registered Mail		MTF Commander
14	Appointment of VCO/VCNCO		MTF Commander
15	Appointment of Linen Supply Officer	AFMAN 23-110, Volume 5, Chapter 21, para 21.2.1	MTF Commander
16	Appointment of PMRP Monitors	AFMAN 23-110, Volume 5, Chapter 14, para 14.5.2	MTF Commander
17	Appointment of TASO Coordinator		MLFC
18	Power of Attorney for DEA Order Forms	AFMAN 23-110, Volume 5, Chapter 16, para 16.20.2	MLFC
19	Authorized Personnel to Approve Individual Equipment Requests	AFMAN 23-110, Volume 2, Chapter 7, para 1.2.5.	MTF Commander
20	Determination of Need for Appropriate Markings on MTF Linen	AFMAN 23-110, Volume 5, Chapter 21, para 21.6	MLFC
21	Method of Marking Clothing Items	AFMAN 23-110, Volume 5, Chapter 21, para 21.6	MLFC
22	Appointment of Reports of Survey / Approving Authority	AFMAN 23-220	Base/Wing Commander

23	Appointment of Mobility Equipment Custodians	MTF OPLAN	MTF Commander
24	Appointment of Air Cargo Couriers	MTF OPLAN	MTF Commander
25	Appointment of Mobility Officer and NCO	MTF OPLAN	MTF Commander
26	Entry to Mobility Concept Briefing	AFI 10-403	MTF Commander
27	Appointment of Functional Area Chief		Squadron Commander
28	Appointment of Quality Assurance Evaluators (QAE), Contracting Office Technical Representatives (COTR), or Contracting Officer Representative (COR)	AFI 63-124, para 1.2.7.3.	MTF Commander
29	Appointment of Primary and Alternate MEDLOG System Administrator	AFCSM 41-230, Vol 2, para 31.3	MLFC
30	Authorization to Receipt for Property through Base Supply (Equipment Custodian)	AFMAN 23-110, Vol 2, para 1.10.	MTF Commander
31	Destruction Officers and Witnesses (not Code Q and R)	AFMAN 23-110, Volume 5, Chap 12, para 12.2.2.& 12.2.5.2	MLFC
32	Report of Survey Appointing Officer	AFMAN 23-220, Chapter 9, para 9.1.	Report of Survey Approving Authority
33	Report of Survey Investigating Officer	AFMAN 23-220, Chap 7, para 7.1.	Report of Survey Approving Authority